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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/901,307	
	Filing Date	July 9, 2001	
	First Named Inventor	Kaoru KAGAMI et al	
	Art Unit	2839	
	Examiner Name	Thanh-Tam Le	
Total Number of Pages in This Submission	104	Attorney Docket Number	10110-5

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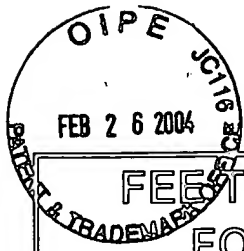
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawings (2 sheets) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="text"/>	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
Remarks <input type="text"/>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or individual name	Matthew R. Schantz Woodard, Emhardt, Moriarty, McNett & Henry LLP
Signature	<i>Matthew R. Schantz</i>
Date	February 23, 2004

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Signature	<i>Arnell Stradley</i>	Date	February 23, 2004

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FEE TRANSMITTAL FOR FY 2004				Complete if Known			
Effective 01/01/2003. Patent fees are subject to annual revision.				Application Number		09/901,307	
				Filing Date		July 9, 2001	
				First Named Inventor		Kaoru Kagami et al.	
				Group Art Unit		2839	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Examiner Name		Thanh-Tam Le	
Total Amount of Payment		(\$)		1130.00		Attorney Docket Number	
						10110-5	
METHOD OF PAYMENT				FEE CALCULATION (continued)			
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Moriarty, McNett & Henry LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application, excluding the payment of issue fees <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.				3. ADDITIONAL FEES			
1. BASIC FILING FEE				Large Entity Small Entity			
Large Entity Small Entity Fee Description Fee Paid				Fee Code Fee (\$)			
1001 770 2001 385 Utility Filing Fee				1051 130			
1002 340 2002 170 Design Filing Fee				1052 50			
1003 530 2003 265 Plant Filing Fee				1053 130			
1004 770 2004 385 Reissue Filing Fee				1812 2,520			
1005 160 2005 80 Provisional Filing Fee				1804 920*			
SUBTOTAL (1) (\$)				1805 1,840*			
-0-				1251 110			
2. EXTRA CLAIM FEES				1252 420			
Total Claims -20** = Extra Claims Fee From Below Fee Paid				1253 950			
Independent Claims -3** = X = =				1254 1,480			
Multiple Dependent = = =				1255 2,010			
Large Entity Small Entity Fee Description Fee Paid				1401 330			
Fee Code Fee (\$)				1402 330			
1202 18 2202 9 Claims in excess of 20				1403 290			
1201 86 2201 43 Independent claims in excess of 3				1451 1,510			
1203 290 2203 145 Multiple dependent claim, if not paid				1452 110			
1204 86 2204 43 **Reissue independent claims over original patent				1453 1,330			
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent				1501 1,330			
SUBTOTAL (2) (\$)				1502 480			
-0-				1503 640			
**or number previously paid, if greater; For Reissues, see above				1460 130			
SUBMITTED BY				Complete (if applicable)			
Name (Print/Type)		Matthew R. Schantz		Registration No.		40,800	
Signature				(Attorney/Agent)		Telephone	
						(317) 634-3456	
						Date	
						February 23, 2004	

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